

## **Criteria for Submission of Paper Claims, Adjustments, and Attachments December 2007**

***Hard copy claims, adjustments and attachments must meet the following criteria to ensure that all documents can be scanned and processed in a timely manner. Documents not meeting the following criteria will be returned to the provider.***

1. Use only black (preferable) or blue ink. Do not use red ink.
2. Do not staple documents together.
3. Do not fold documents – submit in an 8 1/2 x 11 envelope. This does not apply to Qualified Service Providers.
4. Do not use highlighter or liquid white out.
5. All information must be legible, typed (preferably Arial or Helvetica font) or printed, and within the boxes. Information must not touch or cover lines or writing.
6. Submit documents on 8 1/2 X 11 white paper. If document is smaller or larger than this size, copy it to 8 1/2 X 11 white paper.
7. Do not submit carbon or NCR copies.
8. Documents cannot have any dark smudges, blackouts, or dark print that runs together.
9. Do not place any labels, stickers, or tape on documents.
10. Do not submit two-sided documents.
11. Do not use dashes or slashes in the Recipient ID, Patient Account Number or other fields.
12. Only one line of service is allowed per detail line on the claim or adjustment form. Do not bill with two service lines compressed into one detail line.